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TO: U.S. Patent and Trademark Office
Examiner: R. E. Beveridge
Art Unit: 1725

DATE: February 10, 2006

FROM: Lawrence J. McClure

TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 13 12

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MESSAGE:

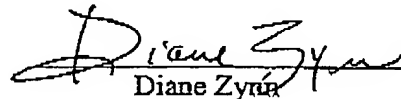
U.S. Patent Application Serial No.: 10/774,549; Our Ref. 81716.0119

I hereby certify that the following documents:

- Amendment/Amendment Transmittal Letter/Petition for Extension of Time (1 month)

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

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Diane Zynn

TELECOPY/FAX NUMBER: (571) 273-8300

CLIENT NUMBER: 81716.0119

ATTORNEY BILLING NUMBER: 1966

CONFIRMATION NUMBER: (please return fax to Diane Zynn)

FORM PTO-1083

81716.0120
Patent Application No. 10/774,551

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Ken FURUKUWA

Serial No: 10/774,549

Confirmation No.: 1117

Filed: February 9, 2004

For: CERAMIC CIRCUIT BOARD AND METHOD FOR
MANUFACTURING THE SAME

Art Unit: 1725

Examiner: R. E. Beveridge

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Mail Stop Amendment
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Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	5	-	20 **	0	LG=\$50 SM=\$25	\$0
INDEPENDENT CLAIMS FEE	1	-	3 ***	0	LG=\$200 SM=\$100	\$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$0
Independent Claim: 2					TOTAL	\$0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge the fee of \$ for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Please charge the fee of \$120 for the one month extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By: Lawrence J. McClure
Lawrence J. McClure
Registration No. 44,228
Attorney for Applicant(s)

Date: February 10, 2006

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